Substitute for Form 1449 A & B/PTO				Complete if Known			
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INFO	RMATION	DISCLOS	SURE	Confirmation Number	8685		
			ANT	Filing Date	July 2, 2001		
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(312		- 57	Examiner Name	(TBA)			
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Examiner Cite Initials* No.1		Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city, and/or country where published.					
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				Jun MATSUZAKI, e	t al.			
				Filing Date:	Group A	art Unit:		
				March 30, 2001	(to be as	(to be assigned)		
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Examiner						Sub-	Filing Date	
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